

EASTERN STAR

LAST RITES REQUEST FORM

Completion and submission of the form is <u>not</u> required. It is intended to provide comfort and relief for your family and loved ones at a time when you will be unavailable to guide them. Should you decide to complete this form, please give careful thought to your responses. Make a copy for your personal records and any other individual or group you deem necessary. Give or send the completed form to the Chapter for their safekeeping. Should you choose to have pre-arrangements made, you should include this with the director of services. When you pass to your Eternal home, your chapter will be able to assist your family and the funeral home with your requested arrangements.

For Former Members, there is a Memorial Service available. Either Service may be used at a Celebration of Life service should you choose cremation.

Completing this form is not required in any way. It is merely provided for your convenience as an act of love and friendship by ______ Chapter # _____.

To the Sisters and Brothers of Chapter # , located at

members of my immediate family, members of the Clergy, and the proprietors of the funeral home,

upon my death, I would like to have:

_____ Eastern Star Funeral Services conducted at the funeral home.

_____ Eastern Star Funeral Services conducted at my place of worship, along with my religious memorial rites, if possible.

_____ Eastern Star Funeral Services conducted at my Chapter with my religious memorial rites, if possible

_____ Eastern Star Services conducted at the Graveside Site.

_____ No Eastern Star Service.

I would like to be remembered in my Eastern Star eulogy for having:

Been initiated: _____

Served as: _

Appointed as: ___

In addition to the Order of the Eastern Star, I am also a member of the following appendant organizations:

Organization		Location	
I request memorials given to:			
OES items be placed and remain i	n my casket for	burial	
OES items be placed during the se	ervice and then g	given to	
Books, jewelry or other given to			
I request that my Chapter and all of future benefit for it, as discussed special requests as follows:	• •		•
Signature		date	
Witness		<u>date</u>	
Chapter may be reached by contac	cting the followin	ng individuals:	
Name	phone	Title	
Or the Grand Secretary of the Gra	nd Chapter: Ord	er of the Eastern Star	